BEST AVAILABLE COPY

	CLAIR		e December						()/<<:	544	7
1	CLAIR	no as fi	LED - PART	1		SMA	LL ENTIT	/-	1		
U.S. NATIONAL STAGE FEES		-c	(Column 1)	(Column 2)		TYPE				OTHER SMALL I	TH. ENT
BASIC FEE					_] RA	ATE .	FEE	7 [RATE	
			LL ENT. = \$ 150	LARGE ENT. = 1	300	BASIC	EE		OR BASI		1
EXAMINATION FEE		(4)	s PCT Article 33(1)- = \$ 50 / \$ 100	All other situation \$ 100 / \$ 200		EXAM. F	EE		1 -		2
SEARCH FEE		ALLO	SA = \$50/\$100 ther countries = 200/\$400	All other situations = \$ 250 / \$ 500		SEARCH FEE			EXAM		2
FEE FOR EXTRA SPEC. PGS.			minus 100 =	/ 50 ±	\dashv	You			SEAR	CH FEE	<u>/</u> (
TOTAL CHARGEABLE CLAIMS		117	minus 20 = .		\dashv	X \$ 12 X \$ 25	:5 =			250 =	
NDEPENDENT CLAIMS		12	minus 3 = .		\dashv	X \$ 100			OR X\$	50 =	
MULTIPLE DEPENDENT CLAIM PRES		RESENT			\dashv	 		\dashv	OR X\$2	= 00	_
If the differe	ence in column 1 is	less than	Zero enter "O" i	- L		+ \$ 180		\Box	OR + \$ 3	60 =	
			zoro, cinci () i	ii column 2		TOTAL	·		OR TOT	AL 6	7
	CLAIMS AS	AMEND	ED - PART II	ľ							محر
	(Column 1)		(Column 2			SMAL	L ENTITY	, ,	ОТІ	HER THA	N/
1	REMAINING		HIGHEST	(00.00000000000000000000000000000000000	7 1		ADD		OR SMA	LL ENTI	TY
Total	AFTER AMENDMENT		PREVIOUSL PAID FOR			RATE	TION	\L	RATE	TIC	DDI DNA EE
ļ	1	Minus	**	=	Π	X \$ 25 =	1	Of	₹ X\$50	 	cc
Independent		Minus	***	=	1 1	X \$ 100 =	1	OF	-		
FIRST PRE	SENTATION OF MU	JLTIPLE DE	PENDENT CLAIN	1 []	1 F	+ \$ 180 =	 	-	1		
						OTAL ADDIT.	 	OR	4 000		
•						FEE	L	OR	FEE	"	
	(Column 1)		(Column 2)	(Column 3)							
	REMAINING AFTER		HIGHEST NUMBER	PRESENT	Γ	54	ADDI-]		ADD	
	AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		RATE	TIONAL FEE		RATE	TION	AL.
		nus	**	=	X	(\$ 25 =		OR	X \$ 50 =	FEE	\dashv
·	Mii	nus	***	=	×	\$ 100 =		OR	X \$ 200 =	1	\dashv
dependent	ACTATION -	TIPLE DEPE	NDENT CLAIM		1+:	\$ 180 =		OR	+ \$ 360 =	 	\dashv
dependent	NTATION OF MULT				TOT	AL ADDIT.		Ļ	OTAL ADDIT.		4
dependent	ENTATION OF MULT							OR '	נות השלים וויים		
	ENTATION OF MULT		-			FEE		OR ¹	FEE		4
dependent FIRST PRESE	n 1 is less than the entr							OR '			1